

Case Number:	CM14-0142766		
Date Assigned:	09/10/2014	Date of Injury:	11/20/2003
Decision Date:	10/07/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/03/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 62-year-old female with a date of injury of 11/20/2013. The listed diagnoses per [REDACTED] are: 1. Cervical spondylosis with myelopathy. 2. Cervical radiculopathy. 3. Headache. 4. Spondylolisthesis. 5. Myalgia and myositis. According to progress report 05/29/2014, the patient presents with neck and left shoulder pain and cervicogenic headaches. Examination revealed decreased range of motion on all planes of the cervical spine and tenderness noted in the left trapezius. The request is for cyclobenzaprine 7.5 mg #60 with 5 refills. Utilization review denied the request on 08/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Cyclobenzaprine 7.5 mg, sixty count with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82 - 88.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

Decision rationale: This patient presents with neck and left shoulder pain and cervicogenic headaches. The treater is requesting cyclobenzaprine 7.5 mg #60 with 5 refills. The MTUS

Guidelines page 64 on cyclobenzaprine states that it is recommended as a short-course therapy with limited, mixed-evidence, not allowed for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants. This medication is not recommended to be used longer than 2 to 3 weeks. The treater is prescribing this medication for long-term use. Recommendation is for denial.